



T01-0018

175 Spring Street, SW
Atlanta, Georgia 30303
404-658-2250
404-658-2337 Fax

August 26, 2004

D. R. Garner
Utility Engineer
Design & Construction

Subject: National Railroad-Highway Crossing Inventory and Numbering Project

File: 257(IL) DRG/ct

Mr. Mike Stead
Railroad Safety Program Administrator
Illinois Commerce Commission
527 East Capital Avenue
Springfield IL 62701

RECEIVED
SEP 1 2004

Illinois Commerce Commission
RAIL SAFETY SECTION

Dear Mr. Stead:

Enclosed are 2 U.S. DOT-AAR Crossing Inventory Forms for crossings added to the inventory.

Please update the State's crossing inventory and complete the appropriate Highway Department information and forward to the FRA, copying the Railway.

If you have any questions regarding the new information please call David Garner of this office at (404) 658-2323.

Sincerely,

D. R. Garner 

D. R. Garner

Enclosures

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017
Expires: 3/31/2003

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State		B. Crossing Number (max. 7 char.) 9170554		C. Reason for Update <input type="checkbox"/> Changes in Existing Data <input checked="" type="checkbox"/> New Crossing <input type="checkbox"/> Closed Crossing or Abandoned		D. Effective Date (MM/DD/YYYY) 08/18/2004	
Part I: Location and Classification Information							
1. Railroad Oper. Co. (code (max. 4 char.) or name) NS				2. State (2 char.) IL		3. County (max. 20 char.) COOK	
4. Railroad Division or Region (max. 14 char.) DEARBORN		5. Railroad Subdivision or District (max. 14 char.) 503235		6. Branch or Line Name (max. 15 char.) CALUMET RIVER		7. RR Milepost (max. 7 char.) (nnnnn.nn) RV 003.60	
8. RR I.D. No. (max. 10 char.)		9. Nearest RR Timetable Station (max. 15 char.) (optional) HEGEWISCH		10. Parent RR (max. 4 char.) (if applicable) NS		11. Crossing Owner (RR or Company name) (if applicable) NS	
12. City (max. 16 char.) (check one) <input checked="" type="checkbox"/> In <input type="checkbox"/> Near CHICAGO				13. Street or Road Name (max. 17 char.) 126TH PLACE		STATE SUPPLIED INFORMATION	
14. Highway Type & No. (max. 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Quiet Zone <input type="checkbox"/> No <input type="checkbox"/> 24 hr <input type="checkbox"/> Partial <input type="checkbox"/> Unknown		21. HSR Corridor ID (2 char.)	
17. Crossing Type (choose one only) <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian		18. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input type="checkbox"/> None		22. County Map Ref No. (max. 10 char.)	
				20. Average Passenger Train Count Per Day		23. Latitude (max. 10 char., nn.nnnnnnn)	
						24. Longitude (max. 11 char., nnn.nnnnnnn)	
						25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Provide Number _____ (7 characters)							
27. PRIVATE CROSSING INFORMATION							
27.A. Category (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial		27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify (max. 15 char.) _____ <input type="checkbox"/> Signals Specify (max. 15 char.) _____			
28.A. Railroad Use (max. 20 char.)				29.A. State Use (max. 20 char.)			
28.B. Railroad Use (max. 20 char.)				29.B. State Use (max. 20 char.)			
28.C. Railroad Use (max. 20 char.)				29.C. State Use (max. 20 char.)			
28.D. Railroad Use (max. 20 char.)				29.D. State Use (max. 20 char.)			
30. Narrative (max. 100 char.)							
31. Emergency Contact (Telephone No.) 1-800-946-4744		32. Railroad Contact (Telephone No.) 1-800-946-4744		33. State Contact (Telephone No.)			
MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE							
Part II: Railroad Information							
1. Number of Daily Train Movements							
1.A. Total Trains 1		1.B. Total Switching Trains 0		1.C. Total Daylight Thru Trains (6 AM to 6 PM) 1		1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>	
2. Speed of Train at Crossing							
2.A. Maximum Time Table Speed (mph) 10							
2.B. Typical Speed Range Over Crossing (mph) from 10 to 10							
3. Type and Number of Tracks Main 1 Other 0 If Other, Specify (max. 10 char.)							
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max. 16 char.) <input checked="" type="checkbox"/> No				5. Does Another RR Operate Over Your Track at Crossing? <input type="checkbox"/> Yes If Yes, Specify RR (max. 16 char.) <input checked="" type="checkbox"/> No			

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U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number (max. 7 char.) 917055Y		PAGE 2		D. Effective Date (MM/DD/YYYY) 08/18/2004	
Part III: Traffic Control Device Information					
1. No Signs or Signals <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing - Signs (specify number of each)			
		2.A. Crossbucks: _____	2.B. Highway Stop Signs (R1-1) _____	2.C. RR Advance Warning Signs (W10-1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.E. Pavement Markings <input checked="" type="checkbox"/> Stoplines <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type (max. 10 char.) _____ Number _____ Specify Type (max. 10 char.) _____			
3. Type of Warning Device at Crossing - Train Activated Devices (specify number of each)					
3.A. Gates 2	3.B. Four-quadrant (or full barrier) Gates <input type="checkbox"/> Yes <input type="checkbox"/> No	3.C. Cantilevered (or Bridged) Flashing Lights: Over Traffic Lane (number) _____ Not Over Traffic Lane (number) _____		3.D. Mast Mounted Flashing Lights (number) 2	3.E. Number of Flashing Light Pairs _____
3.F. Other Flashing Lights: Number _____ Specify Type (max. 9 char.) _____		3.G. Highway Traffic Signals (number) _____		3.H. Wigwags (number) _____	3.I. Bells (number) 1
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____					
4. Specify Special Warning Device NOT Train Activated (max. 30 char.) _____			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signalling for Train Operation: Is Track Equipped with Train Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input type="checkbox"/> NA <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advance Preemption	
9. Reserved For Future Use		10. Reserved For Future Use		11. Reserved For Future Use	
12. Reserved For Future Use					
Part IV: Physical Characteristics					
1. Type of Development <input type="checkbox"/> Open Space <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Institutional			2. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		
3. Number of Traffic Lanes Crossing Railroad 2		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Is Highway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Plange <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify) _____					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Nearby Intersecting Highway? <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input checked="" type="checkbox"/> N/A		Is it Signalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is Crossing Illuminated? (street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use	
Part V: Highway Information					
1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Functional Classification of Road at Crossing _____	
4. Posted Highway Speed _____		5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks _____	
7. Average Number of School Buses Over Crossing per School Day _____					

Paperwork Reduction Act: Public reporting for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB Control Number. The valid OMB Control Number for this collection is 2130-0017.

05/28/2003

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CALUMET RIVER I.T.

RIVER BRANCH JCT-HEG

DEARBORN

